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INTRODUCTION

Wellness is often defined as attaining and maintaining physical, mental and spiritual health and well being. These elements are not only responsible for how we think and feel about ourselves, but also how we are able to deal with everyday life events that are both positive and negative. Our “health” determines how we cope with relationships, daily stressors, school and employment. Taking care of both our mental and physical wellbeing is vital. In order to do so we must create an environment that is conducive for that success, that includes involving people and professionals that will assist in doing so.

Osteopathy and Chiropractic are holistic therapies that treat the musculoskeletal system. Manual Osteopaths and Chiropractors use different treatment methods that work with bones, muscles and connective tissue. Both professions use their hands to palpate, assess, diagnose and treat abnormalities of structure and function. They often treat similar conditions using similar, but also different techniques. Every practitioner, in both of the professions, will treat slightly different, how they assess the patient and on the treatment plan they devise. The primary objective in both professions is to identify and relieve the patient of body aches and pains. They treat to improve the quality of the patients daily living, to restore improved flexibility and range of motion, to improve sleep, and digestion. Chiropractic is often the profession better know by most individuals. Historically this is because Chiropractors are more active in promoting themselves, the profession, and through their marketing.

HISTORY

Osteopathy originated in the mid 1800’s in Kansas Missouri USA. Dr. Andrew Taylor Still, a US Army physician suffered great tragedy with the death of his wife and three children due to spinal meningitis. He concluded that the orthodox medical practices of his time were frequently ineffective and at times harmful.

He devoted the next thirty years of his life studying the human body and finding alternative ways to treat physiological disorders. Dr Still’s relentless research and devotion to science formed the basis and discovery of a new medical approach know as Osteopathy. He founded the first school of Osteopathy, the American School of Osteopathy (now called A.T. Still University of Health Sciences) in Kirksville, Missouri in 1892.

Chiropractic as a science was founded in 1895 by Canadian Daniel David (D.D.) Palmer, who was born in Pickering, Ontario and later migrated to the United States. He held various jobs after the civil war, school teacher, grocery store owner, but always had an interest in science and avidly read medical journals on anatomy and physiology. He opened up an office in Davenport, Iowa after learning techniques of magnetic healing.

On September 18, 1895 D.D. Palmer was working late in his office when the janitor, Harvey Lillard was working nearby. A loud fire truck with its siren on passed by the office and Palmer was surprised that Lillard didn’t react or acknowledge it at all. He realized that Harvey was deaf. D.D. Palmer later learned that Harvey had normal hearing for most of his life. He discovered a palpable lump on the back of Harvey’s neck. Palmer theorized that the lump on his neck and his deafness were related and started to try to correct it by hand through manipulation. In doing this he discovered that there was a closer relationship between the spine and our health after a reported successful restoration of Harvey’s hearing. D.D. Palmer established the Palmer School of Chiropractic in Davenport, Iowa in 1897 (now called Palmer College of Chiropractic with campuses in Davenport, Iowa, San Jose, CA, and Port Orange, FL).

D.D.Palmer once quoted, “I am not the first person to replace subluxated vertebrae, but I do claim to be the first person to replace a displaced vertebrae by using the spinous and transverse processes as levers, and to develop the philosophy and science of Chiropractic Adjustments.”

In the history of Osteopathy there are several accounts that mention that one of Dr. Andrew Still's early students was Daniel David Palmer. Palmer reportedly studied with Dr. Still for about six weeks. However the association between Dr. Still and Palmer is usually not mentioned in the history of Chiropractic.

PHILOSOPHY AND PRINCIPLES

Both Osteopaths and Chiropractors view the body in a holistic manner rather than traditional allopathic approach of focusing on individual parts of the body and treating the symptom. They emphasize the importance of treating the body as a whole and the mind/body interconnection, and how the body is a self healing unit. Both practices acknowledge the integrity of the spine in ensuring optimal health. This philosophy is shared by almost all traditional healing arts such as martial arts, yoga, tai chi, aikido and others.

Dr. Andrew Still was a pioneer physician to promote the idea of preventative medicine and philosophy that physicians should focus on treating the disease, the underlying cause, rather than the symptoms.

Twenty one years later, D.D. Palmer, a former student of Dr. Still founded the Chiropractic Principle. He theorized that misaligned vertebrae interfere with the function of the spinal nerves, blocking the patients innate ability to heal. He regarded Chiropractic to be partly religious in nature. As an active spiritualist, he once said he "received Chiropractic from the other world" from a deceased medical physician named Dr. Jim Atkinson. The concept of his theories were that altered nerve flow was the cause of all disease and that misaligned spinal vertebrae had an effect of proper nerve flow. He claimed that restoring these vertebrae to their proper alignment would restore the patients health.

D.D. Palmer discovered the basic principle of Chiropractic and developed the philosophy, originated and founded the science and art of correcting or adjusting abnormal misalignments by hand, and adjusting using the vertebral processes as levers.

DIFFERENCES BETWEEN OSTEOPATHS AND CHIROPRACTORS

The main difference in the two professions is derived from the subtle difference in the professions philosophies. Barry Savory, Doctor of Osteopathy, and author of several Osteopathic books, explains that Osteopaths agree on two principles based on the concept of the body as a unique interdependent system. The first, "the rule of the artery is supreme", means that a healthy blood supply is likely to support a healthy bodily environment. Therefore Osteopaths take circulation carefully into account when assessing patients. The second, "structure governs function", concerns the fact that problems in the structure of the body, for example too much muscle tension in certain muscles or the misalignment of certain vertebrae, can inhibit the normal functioning of multiple bodily systems. Osteopaths use bones as levers to improve the condition of other structures in the body such as muscles, ligaments, tendons, fascia and organs. This aids in the body's natural healing and improvement of immunity.

Chiropractors focus on the spine and proper alignment of the vertebrae as the primary means of pain relief. The vertebrae protect the spinal cord and the nerves stemming from it. These nerves exit the bones through the foramina, relaying messages to the brain, organs and entire body. There are several causes of misalignment or subluxation, as Chiropractors typically give the term. Everyday wear and tear, stress both physically, mentally and physiologically, trauma all can interfere with the messages that the nerves are sending. This results in problems and symptoms that range in severity of pain and dysfunction.

TREATMENT

The goal of both Osteopaths and Chiropractors is to relieve pain. Osteopaths treat a broader range of functional problems, including digestive and respiratory difficulties. Osteopaths and Chiropractors not only treat musculoskeletal problems, but work to remove subluxations or misalignments to restore nerve functioning and therefore restore optimal blood supply to all tissues. This often results in relief from various conditions such as digestive disorders, respiratory disjunction such as asthma, stream and headaches/migraines as well as menstrual pain. It also helps improve immune function.

DIAGNOSIS

Upon the initial consultation, the practitioner must take a detailed health history in order to learn the details of the trauma, injury, chief complaint of their patient.

The word “diagnosis” means to know, through and through. The Greek roots of the word are “dia” meaning through and “gnosis” meaning essential knowing.

Upon the initial visit, both Osteopaths and Chiropractors take the patients health history and proceed with palpating, their primary tool to assess for abnormalities. They assess, palpate, utilize range of motion, muscle and orthopedic tests. Osteopaths and Chiropractors are both able to diagnose bases upon their inspection and palpating of the patient. Chiropractors often rely on x-ray to confirm their diagnosis. If an Osteopath suspects imaging is needed the patient is sent to their medical doctor who will provide a requisition for appropriate images. A treatment plan is set in place and reassessment performed after a certain number of treatments to measure progress and if any changes or co-treatment needs to be made. Patient feedback is essential throughout the entire treatment process and good communication between doctor and patient makes the treatment process most effective. Upon formulating the final diagnosis, the Osteopath or Chiropractor may come up with a “differential diagnosis”.

A differential diagnosis is formulated based on the number of possible causes of the symptoms the patient is presenting with. Various tests are performed and results added to the health history initially taken to conclude what is the cause of the chief complaint.

Differential diagnosis is the most effective method of diagnosis in medicine today. It accounts for a number of possibilities and their details to allow for global assessment as there are many different underlying causes for similar chief complaints. It is very common for both practitioners to conclude that there are multiple contributing causes that the patient is suffering from.

After the consultation and examination, the practitioner will reach a diagnosis and treatment plan appropriate for their concern. This will be discussed with the patient as well as any home care expectations, fees, commitments to treatments etc. It is essential to educate the patient on their condition and what the practitioner expects from them, as well at this time it allows the patient to ask questions and discuss what they are hoping to get from their care. Home care often includes lifestyle changes, diet modifications, exercise and stretching suggestions, sleep and work modifications. Stress management is often discussed. The goal of this is for the patient to receive optimal care and results.

Manual Osteopaths practicing in Canada, Brazil, Iran, Barbados, China, India, Jamaica, Egypt, Bahamas, Argentina, Venezuela and Mexico are NOT allowed to diagnose or perform spinal manipulation. They must adhere to the laws and regulations governor general the jurisdiction they practice in.

AWARENESS

Most people seem to have more knowledge about Chiropractors than Osteopaths. This is historically because Chiropractors have been more active at promoting their practice and the profession. Osteopaths tend to be more conservative at marketing and promotions. There are approximately 1,000 Manual Osteopathic Practitioners in Canada and 67,000 Osteopaths in the USA; the majority of them are women.

TREATMENT TECHNIQUES

Osteopaths employ a wider range of treatment techniques for various conditions overall whereas Chiropractors have a wide range of manipulating techniques for the spine/vertebrae. Osteopaths also use other techniques such as stretching, joint mobilization and trigger point therapy as part of their treatment. They are also trained in cranial-sacral therapy which involves subtle adjustment without any “clicking” of the joints.

Osteopaths may utilize an array of Osteopathic mobilization techniques from soft tissue therapy, Muscle Energy Techniques (MET), and Proprioceptive Neuromuscular Facilitation (PNF).

Chiropractors typically treat the patient for a shorter period of time. They manipulate and may include physical therapy modalities such as ultrasound or Transcutaneous Electrical Nerve Stimulation (TENS), or acupuncture. A typical treatment lasts 15-20 minutes, and initial consultation 45 minutes. No more than four high velocity thrusts are performed in a single treatment session. A typical treatment plan for low back pain may include twice a week for 6 weeks, reassess and then once a week for a certain interval depending of progression. An Osteopath is more likely to treat on an “on need” basis.

Both professions may offer diet/nutrition information, lifestyle change recommendations, postural, ergonomic and sleep posture advice, as well as recommend home care stretches and therapeutic exercises.

Dr. Andrew Taylor Still had said that “ the best osteopath is the best engineer; the best engineer is the best osteopath”.

SAFETY OF OSTEOPATHY AND CHIROPRACTIC

The potential adverse side effects of both Osteopathy and Chiropractic are stroke and spinal cord injury post cervical manipulation. It is estimated that such effects vary widely from 1 in 20,000 patients undergoing cervical manipulation to 1 per million procedures. In recent years both professions have shown a greater appreciation for the risks of cervical manipulation which may play a role in the reduced rate of more current severe complications.

In 1999 an article in the Journal of Neurology (Hufnagel, et al.) described ten patients who suffered ischemic stroke secondary to vertebral artery dissection all post chiropractic manipulation of the cervical spine. All of the patients had no or mild risk factors and no predisposing factors. Nine of the cases were documented by MRI or CT, with an onset of symptoms immediately or within two days of the cervical spine manipulation. All of the patients had residual effects ranging from mild neurological deficits to a persistent vegetative state according to the study. The researchers concluded that the patients at risk for stroke post Chiropractic manipulation couldn't be identified even before treatment.

More common side effects are 25-50% patients experience mild pain and discomfort at the manipulation site, possibly slight headache and fatigue. Of the complaints, 75% or greater resolve within 24 hours.

Practitioners are trained to screen for contraindications to treatment and to assess for individual risk factors. Even if high velocity manipulation techniques are contraindicated other manual Osteopathic mobilization treatments are very safe and recommended.

RESEARCH

In 1999 The British Medical Journal (Meade, et al.) reported a study of 741 patients between the ages of 18-64 years old with low back pain. They received Chiropractic manipulation or outpatient hospital treatment. The objective was to compare the effectiveness of Chiropractic treatment and of hospital outpatient management for their low back pain over a three year period.

At the three year follow up, according the Oswestry back pain scores, the patients scores who were treated with Chiropractic care were 29% better than those receiving hospital treatment. Those treated by Chiropractors had further treatments for their back pain after completion of the trial treatment.

In 1995, a retrospective study, (Dabbs and Lauretti), it was concluded that Chiropractic cervical manipulation for neck pain is much safer than the use of non-steroidal inflammatory drugs (NSAIDS), by as much as seven hundred times.

In 1999, a New England Journal of Medicine comparative study was conducted. Patients with low back pain were treated by Osteopathic Spinal Manipulation and with standard hospital care. The purpose of the study was to discover whether Osteopathic care, including manipulative therapy, would benefit patients with low back pain more than would allopathic care. The hypothesis tested was that Osteopathic manipulation would result in more rapid relief of pain and recovery of function than that from standard medical care.

A total of 1193 patients between the ages of 20-59 years were identified by triage nurses. Of those patients, 981 were ineligible, 39% for reasons related to their pain (the distribution of their pain or duration of pain), 26% for other reasons (unwillingness to participate, unavailable, or legal reasons), 19% due to other medical problems, and 16% for reasons pertaining to age. A total of 212 patients attended the base line visit. Of these patients 34 (16%) were found to be ineligible on the basis of the exclusion criteria.

In all, 155 patients completed the study, 83 were in the Osteopathic treatment group, 72 were in the standard care hospital group.

The standard treatment was provided by physicians. The treatment included analgesics, anti-inflammatory medication, active physical therapy or therapies such as ultrasound, diathermy, hot and/or cold packs, use of a corset, or transcutaneous electrical nerve stimulation (TENS). Patients in both groups viewed a 10 minute educational video on back pain. The anti-inflammatory agents that were used were ibuprofen, naproxen and piroxicam. The approved analgesics were aspirin, acetaminophen, codeine and oxycodone. Cyclobenzaprine was used as a muscle relaxant. It was not permitted that any form of Manual therapy was used as part of the standard hospital care.

The report concluded that the Osteopathic treatment group received less or no medication and less physical therapy than the standard hospital group. The difference of cost between the care of the two groups was significant. The value of medication in the treatment of acute pain is supported in controlled trials. However, compared to those who wrote more prescriptions, physicians who wrote fewer prescriptions and focused on education of their patients, continued physical activity and home/self-care have obtained similar outcomes in terms of pain reduction and increased function. Considering the potentially adverse side effects and high cost of nonsteroidal anti-inflammatory drug therapy, achieving equal outcomes of pain relief, improved function and satisfaction with the use of less medication and physical therapy, suggests a greater benefit overall in Osteopathic manipulative treatments.

FUTURE OF OSTEOPATHY

Since Osteopathy was founded over a hundred years ago the profession has evolved significantly. The integration of Osteopathic and Allopathic medical training and practice, along with the growth in number of Osteopathic Colleges is creating a greater focus and increased education on the future of Osteopathic medicine not only in North America but around the world.

The future of Osteopathic medical education and the profession will depend on a variety of social and economic forces and the leadership guiding them. Many educational institutions have already taken drastic steps to introduce Osteopathic manual medicine to the public. National Academy of Osteopathy (NAO) which was founded in 2010 is setting trends within the profession and educating a new generation of Osteopathic practitioners by expanding their campus based education, and providing online courses available to students anywhere in the world. The profession continues to have its strong foundation in principles and philosophy as it was initially founded upon over a hundred years ago by Dr. Andrew Taylor Still.

Osteopathy is one of the fastest growing professions in Canada, with more than 1,500 Osteopaths across the country.

CHRONOLOGY

OSTEOPATHY

- 1874 Dr. Andrew Taylor Still (1828-1917), a licenses physician, first articulated basic Osteopathic principles.
- 1892 The first College of Osteopathic Medicine, the American School of Osteopathy (ASO), founded in Kirksville, MO USA
- 1893 The first class graduated from ASO which included 17 men and 5 women
- 1896 Vermont became the first state to license Doctor of Osteopathy (DO).
- 1897 The American Association for the Advancement of Osteopathy (later known as the American Osteopathic Association) was founded in Kirksville, MO. Constitution provided that members were to be graduates of recognized schools of Osteopathic Medicine.
- 1898 First recorded Osteopathic research by ASO, performed on humans and dogs, to test and record on sphygomograms and cardio grams the effects of stimulation and inhibition and the effects of lesions and their attempted correction.
- 1900 In August, the Dominion Institute of Osteopathy produced and releases a pamphlet called "The Canadian Osteopath".
- 1901 Change in the name of the American Association for the Advancement of Osteopathy to the American Osteopathic Association. First issue of the Journal of the American Osteopathic association.

CHIROPRACTIC

- 1895 Daniel David (D.D.) Palmer performed the first Chiropractic adjustment on Harvey Lillard.
- 1897 Palmer opened the first Chiropractic school, Davenport Iowa. It later became known as Palmer College of Chiropractic.
- 1906 The first two Chiropractic textbooks were published. D.D. Palmer was put in jail for practicing medicine without a License and served 23 days in Scott County Jail.
- The Universal Chiropractors Association (UCA), the earliest ancestor of today's ACA, is organized in Davenport, Iowa as a legal protective society for DC Dr Morikuba was found innocent for practicing medicine without a license on the grounds that he was practicing a new profession-Chiropractic. This set an important precedent for other legal cases in the country.

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| 1903 | First inspection of Osteopathic Colleges. | 1910 | B.J. Palmer introduced x-rays into the curriculum at PSC. |
| 1904 | Adoption of the Code of Ethics. Publication of the first Directory of Osteopathic Physicians, as a separate book, under the auspices of the association | | D.D.Palmer published his famous book "The Chiropractor's Adjuster". |
| 1905 | Requirement of a three year course for AOA approved Osteopathic Colleges beginning in September. | 1913 | Kansas passed the first state law to license Chiropractors. |
| 1907 | A.T. Still Postgraduate College of Osteopathy founded. The name changed in 1909 to A.T.Still Research Institute | | |
| 1913 | A.T.Still Research Institute laboratories opened in Chicago. 1917 a California branch opened which became the only location when the Chicago branch closed in 1918. Bulletins and books began to be published by this organization. | 1915 | North Dakota and Arkansas are the first states to issue Chiropractic licenses. |
| 1914 | First issue of OSTEOPATHIC MAGAZINE published by AOA, appeared in January. The name was changed in 1955 to HEALTH. | | |
| 1915 | Requirement for 4 year course for AOA approved Osteopathic Colleges beginning in September. | 1922 | More than 80 Chiropractic schools are in operation. Enrollment at Palmer College of Chiropractic is over 3,000. |
| 1917 | Dr. Andrew Taylor Still passed away on December 12th. At this time more that 5,000 DOs in practice. | | |
| 1918 | DOs played a key role in treating various illnesses as noted by the professions involvement in the influenza pandemic of 1918-1919. | 1930 | A merger of the Universal Chiropractic Association and an older ACA forms the National Chiropractic Association, today's ACA. |
| 1927 | First issue of FORUM OF OSTEOPATHY, the associations news magazine. The name changed to THE DO in September 1960. The American Osteopathic Foundation (for support of research, publications, and educational facilities) was founded. In 1935 it merged with A.T.Still Research Institution to become the A.T.Still Osteopathic Foundation and Research Institute. | | |
| 1938 | Adoption of a plan for the standardization of Osteopathic Specialties. | 1941 | The first standards for accrediting Chiropractic schools and colleges was set up by John Nugent, DC, director of education for the National Chiropractic Association. |
| 1966 | In the USA, 11,000 Osteopathic Physicians but only 100 in Canada. | | |

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| 1967 | DOs drafted as medical officers in the Armed Forces. AOA recognized by the National Commission of Accrediting as accrediting agency for all facets of Osteopathic education. Osteopathic hospitals approved by National League for Nursing as clinical training facilities for the association degree in Nursing. | 1944 | Congress passed the G.I. Bill which made benefits available to WWII veterans who planned to study Chiropractic. The Canadian Memorial Chiropractic College (CMCC) was founded in Toronto, ON. |
| 1969 | Nearly 200 DOs serve in the Military as medical officers only three years after the Secretary of Defense accepts qualified DOs who volunteer as officers. | | |
| 1982 | More than 20,000 DOs in practice. | | |
| 1992 | The CEO started a school in Toronto, the Canadian College of Osteopathy (CCO). 10 students were enrolled in 1992. Today there are over 200 students attending with campus branches in Winnipeg, Vancouver and Halifax. | 1958 | Chiropractic Economics debuts as a magazine that is published 6 times a year. |
| 2001 | Continual expansion of enrollment in Osteopathic medical schools. | | |
| 2002 | Osteopathic Medical Profession continues to grow, 42,210 DOs and 19 Osteopathic Medical Schools. | 1961 | B.J. Palmer, son of D.D. Palmer passes away. |
| 2010 | National Academy of Osteopathy (NAO) was founded by Dr. Shahin Pourgol in Toronto, ON. The College has now become a major catalyst in developing Osteopathic training throughout the world! | 1963 | The National Board of Chiropractic Examiners was incorporated. The board helps nationalize standards for licensing Chiropractors by developing exams that all Chiropractors must pass in order to attain a license. |
| 2010 | The World Health Organization publishes "Benchmarks in Training in Osteopathy". Today and into the Future. | | |
| 2018 | There are now 200 Osteopathy Chronic Pain Clinics (OCPCC) in Canada. The latest just opened in Waterloo, ON. | 1970 | Chiropractic services were added to OHIP in Ontario with the government paying for 80% of the fees. |
| | | 1972 | Congress voted to include Chiropractic care in Medicare. |
| | | 1974 | Louisiana was the last state to pass a licensure law. |
| | | 1978 | The first issue of the Journal of Manipulative & Physiological Therapies (JMPT) David D. Palmer, the grandson of the founder of Chiropractic dies at the age of 71. |

- 1981 JMPT becomes the first, and still only, Chiropractic periodical to be indexed by the National Library of Medicine in Index Medicus.
- 1991 Regulated Health Professionals Act replaces Drugless Practitioners Act of 1925. Chiropractors were authorized the use of the title “doctor” & granted the right to diagnose.
- 1992 Congress authorized commissioning of Chiropractors in the Armed Forces.
- 1993 Mangna Report of Canada finds Chiropractic care the most effective and cost efficient form of care for low back pain.
- 1995 Chiropractic celebrates its 100th birthday around the world.
- 2002 The US Congress introduces Chiropractic services in the Military health system & in 2004 throughout the Veterans Administration Healthcare System.
- 2004 A major US gov’t study shows that 40 million have used Chiropractic an consumer demand for alternative care is increasing.
- 2018 There are currently more than 100,000 DCs worldwide.

CONCLUSION

Founded in 1999, the Ontario Association of Osteopathic Manual Practitioners (OAO) is a voluntary not for profit professional association promoting the practice of Osteopathy and maintaining the standard of safe and effective treatment. The OAO is currently developing a submission to the Ontario Government, the Minister of Health and Long Term Care, to have Manual Osteopathy regulated in the Province. This process often takes years to complete, however when approved will contribute to the growth and integrity of Osteopathy as a profession.

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